UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR **PATENT** FEE REFUND				
1. Date of Request: _____		2 Serial/Patent # **10/521396**		

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
Filing			$	
Amendment			$	**FEE VALUE ACCOUNTABILITY**
Extension of Time			$	**DEPOSIT ACCOUNT NO.**
Notice of Appeal/Appeal			$	23 0442
Petition			$	**FEE CODE** **VALUE FURNISHED**
Issue			$	1632 (500)
Cert of Correction/Terminal Disc.			$	1642 1400
Maintenance			$	
Assignment			$	
Other			$	

	7 TOTAL AMOUNT OF REFUND	$

10 REASON:	8 TO BE REFUNDED BY:
	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9 2 3 -- 0 4 4 2.
No Fee Due (Explanation):	

_____
_____
_____

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: ~~Winston Alvarado~~   TITLE: _____

~~National Stage Processing~~

SIGNATURE: ~~Paralegal Specialist~~   PHONE: _____

OFFICE: (703) 365-8421

****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
10/521396

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
			RATE	FEE		RATE	FEE
U.S. NATIONAL STAGE FEES							
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200	EXAM. FEE			EXAM. FEE	200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	All other situations = $ 250 / $ 500	SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =	X $ 125 =			X $ 250 =	
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	* -10	X $ 25 =		OR	X $ 50 =	500
INDEPENDENT CLAIMS	2 minus 3 =	*	X $ 100 =		OR	X $ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+ $ 180 =	-	OR	+ $ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	1400

CLAIMS AS AMENDED - PART II

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
						RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
AMENDMENT A	Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
	Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+ $ 180 =		OR	+ $ 360 =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
AMENDMENT B	Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
	Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+ $ 180 =		OR	+ $ 360 =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.